

**INSTRUCTIONS FOR COMPLETING  
SOLID AND MEDICAL WASTE TRANSPORTER REGISTRATION APPLICATION (INITIAL)**

**Please Note: THIS INITIAL APPLICATION CANNOT BE PROCESSED WITHOUT A FACE-TO-FACE INTERVIEW AND COMPLETION OF OTHER REQUIRED FORMS. PLEASE CALL (609) 292-7081 TO SCHEDULE YOUR APPOINTMENT OR TO FIND OUT IF YOUR COUNTY CONDUCTS NJDEP INTERVIEWS.**

**REGISTRATION PERIOD – Biennial: July 1 to June 30 – Expiring in Odd Year**

**SECTION A.** This section must be fully completed. **YOU MUST BE IN COMPLIANCE WITH N.J.A.C. 7:26:16 BEFORE SUBMITTING YOUR APPLICATION.**

**SECTION B.** REGISTRATION FEE CALCULATION

Complete the calculation to determine your fee. Enter the number of units to be registered with total fee. Make check or money order payable to **"TREASURER, STATE OF NEW JERSEY"**. **Cash is NOT accepted.**

The application must be signed and dated by a "RESPONSIBLE OFFICIAL". For Corporations - all corporate officers; for Limited Partnerships - all partners; for Sole Proprietorships - the Proprietor; for Municipal, State, Federal or Public Agencies - all executive officers or ranking elected officials are acceptable.

**SECTION C.** This section list waste type circle **all** applicable.

**SECTION D.** List information for vehicles you wish to register. Record the FULL vehicle identification number (VIN); print the proper two (2) letter State abbreviation; print the license plate number and the appropriate vehicle type (M,T,C,S,) Attach additional sheets for more vehicles using the same format. **A readable copy of each motor vehicle registration must be included in your application package.**

**SECTION E.** If your vehicles are parked at a different address from your mailing address listed in **Section A** or your mailing address is listed as a **PO BOX #** in Section A, **you must** write the vehicle location address(es) in Section E.

**IMPORTANT: You must enter the complete VIN (vehicle Identification number).  
DECALS WILL NOT BE ISSUED FOR INCOMPLETE NUMBERS.**

**IF YOU HAVE ANY QUESTIONS OR REQUIRE ASSISTANCE CALL THE BUREAU AT (609) 292-7081.**

## **SOLID & MEDICAL WASTE - TRANSPORTER REGISTRATION APPLICATION (INITIAL)**

A diagram consisting of two rows of seven squares each, arranged in a 2x7 grid. The top row has seven squares, and the bottom row has seven squares, all of equal size.

14. Do you intend to transport regulated medical waste? ☐ Yes ☐ No

Date Signed \_\_\_\_\_

SECTION C	Check the type of waste you expect to carry: <b><u>WASTE TYPES</u></b>	<b><u>WASTE TYPES</u></b>
	10. Municipal (Household, Commercial and Institutional) 12. Dry Sewage Sludge 13. Bulky Waste (Includes Construction and Demolition) 23. Vegetative Waste 25. Animal and Food Processing Wastes	27. Dry Industrial 72. Bulk Liquids and Semi Liquids 73. Septic Tank Clean Out Waste 74. Liquid Sewage Sludge Medical Waste

SECTION D	Please provide the following information for all vehicles you wish to register:			
	1. VIN - Vehicle Identification Number as it appears On the motor vehicle registration card.		4. VEHICLE TYPE - M =Solid Waste Cab T = Solid Waste Trailer C = Solid Waste Container S = Solid Waste Single Unit Vehicle	
	2. STATE - See Below *		5. <b>INCLUDE COPY OF MOTOR VEHICLE REGISTRATION</b>	
	3. LICENSE NO. – Current License Plate Number			
	<b>VEHICLE IDENTIFICATION NUMBER</b>	<b>STATE *</b>	<b>DMV LICENSE PLATE NO.</b>	<b>VEHICLE TYPE</b>
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\*NJ - New Jersey    NY - New York    PA – Pennsylvania    DE – Delaware    Other States - Use your proper 2-letter abbreviation

SECTION E	LOCATION WHERE VEHICLE (S) CAN BE INSPECTED IN NEW JERSEY ONLY - Complete this section only if different from Section A or if Section A, Item 6 is a <b>PO BOX #</b> . <i>Add additional sheets if necessary.</i>	
	Terminal Name:	
	Address:	
	Terminal Telephone Number (Area Code):	
	Terminal Name:	
	Address:	
	Terminal Telephone Number (Area Code):	